MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11156

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE 12 — LENGTH OF STAY (In this place) 28 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE 12
STREET ADDRESS (If rural, give location) Adams

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) (Last) Ackinson
4. DATE OF DEATH (Month) (Day) (Year) November 28, 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 24, 1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Government
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Ackinson
14. MOTHER'S MAIDEN NAME Priscilla Sampson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 218-10-8119A
17. INFORMANT AND ADDRESS Mr. Harry Ackinson 739 Revolution St Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221

Immediate cause (a) Arteriosclerotic Cardiovascular disease — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pyelonephritis and pyelitis — about 1 wk.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1st, 1953, to Nov. 28th 1953, that I last saw the deceased alive on Nov. 27th, 1953, and that death occurred at 3:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edward [illegible] Resident, Harford Memorial Hospital Havre de Grace 11/28/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-30-53
NAME OF CEMETERY OR CREMATORY Angel Hill Cem.
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Nov. 30-53
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell - Havre de Grace Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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BUREAU V. S.

Film#G159 Item# 14 11/25/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

11157

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood X
LENGTH OF STAY (In this place) 1 yr.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood X
STREET ADDRESS (If rural, give location) 3 E. Edgewood Rd., Harford Manor

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lucius	Clayton	Andrews	November	10	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	May 24, 1912	41 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chemical Engineer	U.S. Govt.,	Mc Comb, Miss. 21	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Andrews	Beatrice Mamie Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	436-05-7633	Mrs. Beatrice K. Andrews, Edgewood, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner	Harford Co. Bel Air Md.	11/11/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11/12/1953	Catchings Funeral Home	Mc Comb, Pike, Mississippi.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/12/1953	Marie M. Mouldale	Howard K. Mc Comas & Son, Abingdon Md.

A15A

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NOV 16 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11158

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

V8-A15

1. PLACE OF DEATH: COUNTY HARFORD; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELAIR - RURAL; LENGTH OF STAY (in this place) 16 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CARDIFF
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) ERNEST (Last) BENNINGTON
4. DATE OF DEATH: (Month) NOV (Day) 21 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED: WIDOWED
8. DATE OF BIRTH: FEB. 9, 1871
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER
10b. KIND OF BUSINESS OR INDUSTRY: SLATE
11. BIRTHPLACE (State or foreign country): CARDIFF, MD.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: JOSEPH BENNINGTON
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: URLO BENNINGTON, CARDIFF, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) CORONARY OCCLUSION — Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Cardio-Vascular Disease — ?
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 51, 1953, to Nov 21, 1953, that I last saw the deceased alive on Nov 19, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson	M.D	Forest Hill, Md	11-21-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Nov 23/1953	SLATE RIDGE	DELTA, PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-22-53	Priscilla Forwood	John H. Harbine	Delta, Pa.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11159

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DARLINGTON; LENGTH OF STAY (in this place) MARYLAND 14 YRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DARLINGTON; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) OSBORNE (Last) BROWN

4. DATE OF DEATH: (Month) NOV. (Day) 2, (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAR. 8, 1908

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CHESTER CO., PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES OSBORNE

14. MOTHER'S MAIDEN NAME: BESSIE STONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: CHARLES BROWN, DARLINGTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Heart Failure — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertonic Cardiovascular Disease — 7 yr

(c) Hypertensive Cardiovascular Disease — 9 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uterine Fibroid

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Nov 2, 1953, that I last saw the deceased alive on Nov 2, 1953, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Malcolm Dudley Phillips M.D. ADDRESS: Darlington, Md. DATE SIGNED: 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: Nov. 5, 1953

NAME OF CEMETERY OR ~~CREMATORY~~:

LOCATION (City, town, or county) (State): DARLINGTON, MD.

DATE REC'D BY LOCAL REG.: 11-3-53

REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: John H. Harkins ADDRESS: Delta, Pa.

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11160

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 35
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 35
STREET ADDRESS (If rural, give location) 325 N. Union Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Caroline (Last) Case
4. DATE OF DEATH (Month) Nov. (Day) 9 (Year) 1953

5. SEX female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH July 24, 1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housf.
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Delaware 07
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Hickman
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 4 None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Madalyn Fautom

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422 M

Immediate cause (a) Cerebral thrombosis with left hemiplegia ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease ?

(c) Bronchopneumonia ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 24, 1953, to Nov. 9, 1953, that I last saw the deceased alive on Nov 9, 1953, and that death occurred at 12 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward Fautom ADDRESS Harford Memorial Hospital Havre de Grace DATE SIGNED 11/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/11/53
NAME OF CEMETERY OR CREMATORY Baltimore
LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REG. Nov. 10-53
REGISTRAR'S SIGNATURE G. L. Lewis M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS Havre de Grace Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 12 1963
BUREAU V. S.

Film#G159 Item# 7 12/1/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS 712 Erie (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) A (Last) Cathey

4. DATE OF DEATH (Month) November (Day) 17 (Year) 1953

5. SEX Male — 6. COLOR OR RACE Negro — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single — 8. DATE OF BIRTH Aug. ? 1900 — 9. AGE last birthday 53 yrs. — If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer — 10b. KIND OF BUSINESS OR INDUSTRY Chandelier Pony Island — 11. BIRTHPLACE (State or foreign country) North Carolina — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Cathey — 14. MOTHER'S MAIDEN NAME Elizabeth Bryson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war and date of service) W.W. I — 16. SOCIAL SECURITY No. Unknown — 17. INFORMANT AND ADDRESS Bertie Dixon 5011 Sedgwick St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221

Immediate cause (a) Arteriosclerotic C. V. disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lloyd C Palmer MD Deputy Medical Examiner Harford County Belair Md. 11/17/53

23. FINAL CREMATION MOVAL (Specify) Burial — DATE THEREOF 11/20/53 — NAME OF CEMETERY OR CREMATORY St. James — LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Nov 20-53 — REGISTRAR'S SIGNATURE A. L. Lewis M.D. — 24. FUNERAL DIRECTOR Pennington & Son — ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15A

NOV 23 1953

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1162

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon; LENGTH OF STAY (In this place) 60 years; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) DeHaven

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May, 8, 1865

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY: Boat Club

11. BIRTHPLACE (State or foreign country): Harford Co., Md.,

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-10-3972 A

17. INFORMANT AND ADDRESS: Mrs. Eva Spicer, Abingdon, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 a 1

Immediate cause (a) Arteriosclerotic C V disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md. 11/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Nov. 12, 1953; NAME OF CEMETERY OR CREMATORY Cokesbury; LOCATION (City, town, or county) (State) Abingdon, Harford, Md.

DATE REC'D BY LOCAL REG. Nov 12 1953; REGISTRAR'S SIGNATURE Mame M Mansfield

24. FUNERAL DIRECTOR Howard K. Mc Comas & Son; ADDRESS Abingdon Md.

RECEIVED
NOV 20 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11163

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa X — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2100 N. Calvert

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) J. (Last) Duncan
4. DATE OF DEATH: (Month) November (Day) 16 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: July 22, 1931
9. AGE last birthday: 22 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Virginia ?
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Haston Duncan
14. MOTHER'S MAIDEN NAME: Elizabeth Ross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-32-0665
17. INFORMANT AND ADDRESS: Mae Falko, 2100 N. Calvert St. Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8/2 x **Immediate cause** (a) Compound fracture both bones both legs —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 35 Route 40 | (CITY OR TOWN) Joppa | (COUNTY) Harford | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 11/16/53 9P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Auto Accident, auto pedestrian type

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Jerold C Palmer MD Deputy Medical Examiner Harford County Belair Md 11/17/53

BURIAL, CREMATION OR REMOVAL(S) Removal | DATE THEREOF Nov. 18, 1953 | NAME OF CEMETERY OR CREMATORY Seaver & Son, | LOCATION (City, town, or county) Marion, | (State) Va.

DATE RECD BY LOCAL REGISTRAR NOV 18 1953 | REGISTRAR'S SIGNATURE Marie M Monsdale | 24. FUNERAL DIRECTOR Howard K. Mc Comas & Son | ADDRESS Abingdon Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 23 1953
BUREAU

Item 18 Film G160 12-24-53 ams

11164
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Joppa, R.D. X
LENGTH OF STAY (In this place): 1 yr.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Y

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md., COUNTY: Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Joppa X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) W. (Last) Farson

4. DATE OF DEATH: (Month) Nov. (Day) 30, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: - - 1887

9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Elkridge, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Sam Farson

14. MOTHER'S MAIDEN NAME: ...artha Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: ...ilton Farson, 2018 Grinnalds, Ave., Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
180.0 Immediate cause	(a)	Pneumonia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Poisoning by ethyl alcohol	
	DUE TO (c)	" " methyl alcohol	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY: home

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE: Gerald C Palmer
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED: 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 12/3/1953
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county): Baltimore, (State) Md.

DATE REC'D BY LOCAL REG. 12/3/1953
REGISTRAR'S SIGNATURE: Marie M Mendale

24. FUNERAL DIRECTOR ...m. Cook, Inc., ADDRESS 1217 St.Paul St., Balto.,

VS. 5A - 5 - 53

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 165

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL NORRISVILLE
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL X NORRISVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) REBECCA (Middle) McROY (Last) FLETCHER
4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Oct. 28, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): HARFORD Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JOHN McROY
14. MOTHER'S MAIDEN NAME: SARAH WILSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

782.4

Immediate cause (a) Pulmonary edema due to myocardial failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) infirmities of old age. Uremia.

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1953, to Nov. 25, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Norman H. Gemmill ADDRESS Stewartstown, Pa. DATE SIGNED 11/25/53.

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 11-28-53 NAME OF CEMETERY ~~OR CREMATORY~~ ST. PAUL LOCATION (City, town, or county) (State) PYLEVILLE, HARFORD Co., Md.

DATE REC'D BY LOCAL REGISTRAR 11-27-53 REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Kenneth W. Orsburn, ADDRESS Stewartstown Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 5

1

RECEIVED
1913
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS #24 Churchille Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air. — STREET ADDRESS (If rural, give location) #24 Churchille Road.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) F. (Last) Frisby

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify)

8. DATE OF BIRTH: 6/25/1869

9. AGE last birthday: 84 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Cornelius Curtis

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mary Frisby - Bel Air, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 2/7

Immediate cause (a) CEREBRAL THROMBOSIS — Interval between onset and death: 3 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Hypertensive Cardio-Vascular disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Nov 11, 1953, that I last saw the deceased alive on Nov 10, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Willard P. Hudson M.D. — Forest Hill Md — 11/14/53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 11-18-1953 — NAME OF CEMETERY OR CREMATORY: John Wesley Cemetery — LOCATION (City, town, or county) (State): Abingdon, Md.

DATE REC'D BY LOCAL REG. 11-17-53 — REGISTRAR'S SIGNATURE: Priscilla Fawood — 24. FUNERAL DIRECTOR: John G. Fahring — ADDRESS: Aberdeen, Md.

VS. 41

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11167

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHITEFORD - RURAL
LENGTH OF STAY (In this place) 73 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WHITEFORD
STREET ADDRESS (If rural, give location) R. D. #1

3. NAME OF DECEASED (Type or Print) (First) MARSHALL (Middle) HARVEY (Last) HAMILTON
4. DATE OF DEATH (Month) NOV. (Day) 9, (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH DEC. 13, 1880
9. AGE last birthday 73 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) HARFORD CO., MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME SAMUEL HAMILTON
14. MOTHER'S MAIDEN NAME EMILY HARVEY

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS MRS. MARY HAMILTON, WHITEFORD MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
4	Immediate cause	(a) Cerebral Hemorrhage	36 hrs.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	4 yrs.
		(c) Myocarditis	3 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9, 1953 to 11/9, 1953 that I last saw the deceased alive on Nov 7, 1953 and that death occurred at 11 a. m., from the causes and on the date stated above.

SIGNATURE L P Snodgrass M.D. (Degree or title) ADDRESS Darlington Md DATE SIGNED 11/10/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 11/11/53
NAME OF CEMETERY OR CREMATORY TABERNACLE
LOCATION (City, town, or county) HARFORD CO. (State) MD.

DATE REC'D BY LOCAL REG. 11-10-53
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR John H. Harkins, ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 16 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]68

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardiff X
LENGTH OF STAY (In this place) 82 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CARDIFF X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) NELSON (Middle) ARCHIBALD (Last) HEAPS

4. DATE OF DEATH: (Month) Nov. (Day) 10, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: JUNE 3, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: OIL

11. BIRTHPLACE (State or foreign country): HARFORD Co., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS W. HEAPS

14. MOTHER'S MAIDEN NAME: RACHEL SCARBOROUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: MRS. DOROTHY WHEELER, CARDIFF, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 24 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic cerebrovascular disease — Indefinite

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure. — 1 wk.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1951, to Nov. 9, 1953, that I last saw the deceased alive on Nov 9, 1953 and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Charles A. Neff M.D. ADDRESS Street DATE SIGNED 11-10-53 Md.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF Nov. 13, 1953 NAME OF CEMETERY OR CREMATORY SLATE RIDGE LOCATION (City, town, or county) DELTA (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 11-12-53 REGISTRAR'S SIGNATURE Priscilla Attwood

24. FUNERAL DIRECTOR John H. Hankins ADDRESS Delta, Pa.

VS. [illegible]

NOV 13
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Whiteford
LENGTH OF STAY (in this place) 8 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Whiteford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Patricia (Middle) Louise (Last) Jones

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 10, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 8 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Russell T. Jones
14. MOTHER'S MAIDEN NAME: Ada Seymour

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Russell T. Jones, Whiteford, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

472.1

Immediate cause (a) Laryngeal spasm — Interval Between Onset And Death: 1/2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Pharyngitis & pneumonitis. — 48 hrs.

DUE TO (c) Upper respiratory infection

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 23, 1953, to Nov. 23, 1953 that I last saw the deceased alive on Nov. 3, 1953, and that death occurred at 9.00 AM, from the causes and on the date stated above.

SIGNATURE Charles A. Neff (Degree or title) MD. ADDRESS Street, Md DATE SIGNED Nov 25, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-25-53
NAME OF CEMETERY OR CREMATORY State Ridge cemetery
LOCATION (City, town, or county) Delta (State) Penna.
DATE REC'D BY LOCAL REGISTRAR 11-24-53
REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR John H. Harkins ADDRESS Delta, Pa.

2033293406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

NOV
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11170 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial 20	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) W.	(Last) Magness	4. DATE OF DEATH	(Month) Nov.	(Day) 4,	(Year) 1953
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Aug. 14, 1880	9. AGE last birthday 73 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY County Dispensary	11. BIRTHPLACE (State or foreign country) Harford Co., Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME Charles H. Magness	14. MOTHER'S MAIDEN NAME Mary C. Gorrell						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 213-14-5241	17. INFORMANT AND ADDRESS Clifford Magness, Aberdeen, R.D. Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Cerebral [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on Nov 4, 1953, and that death occurred at 8:50 P m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/8/1953	NAME OF CEMETERY OR CREMATORY Cokesbury	LOCATION (City, town, or county) (State) Abingdon, Harford, Md.
DATE REC'D BY LOCAL REG. Nov. 10-53	REGISTRAR'S SIGNATURE A. L. Lewis M.D.	24. FUNERAL DIRECTOR Howard K. Mc Comas & Son, Abingdon, Md.	ADDRESS

RECEIVED
NOV 12 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 1179

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 185

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Havre de Grace
LENGTH OF STAY (In this place) 1 mo 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Aberdeen R.F.D.
STREET ADDRESS (If rural, give location) Rt #40 & Ryan Rd Box 1

3. NAME OF DECEASED: (First) Rubin (Middle) (W.I.) (Last) Manthe (Type or Print)

4. DATE OF DEATH (Month) November (Day) 30 (Year) 1953

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married **8. DATE OF BIRTH:** Dec 14 - 1909 **9. AGE last birthday:** 44 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Soldier **10b. KIND OF BUSINESS OR INDUSTRY:** U.S. Army **11. BIRTHPLACE** (State or foreign country): Wisconsin **12. CITIZEN OF WHAT COUNTRY?** USA.

13. FATHER'S NAME: Meiner Manthe **14. MOTHER'S MAIDEN NAME:** Bertha Rauch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War II **16. SOCIAL SECURITY NO.:** unknown **17. INFORMANT & ADDRESS:** Mary Manthe, Aberdeen md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Fracture cervicle vertebra

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture both bones R leg

19a. DATE OF OPERATION: — **19b. MAJOR FINDING OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY Street **21c.** (City or town) Aberdeen (County) Harford (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/30/53 8:10 M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☑ **21f. HOW DID INJURY OCCUR?** Auto accident auto pedestrian

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer m.d. (Deputy) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE THEREOF 12/3/53 NAME OF CEMETERY OR CREMATORY Manitowoc Cemetery LOCATION (City, town, or county) Manitowoc (State) W. Wisconsin

DATE REC'D BY LOCAL REG. Dec. 3-1953 REGISTRAR'S SIGNATURE W. L. Lewis M.D. **24. FUNERAL DIRECTOR** John G Barry ADDRESS Aberdeen md.

VS. 5A - 5 - 53

DEC 7 1 .
BUREAU V. S.

Item 9 Film G159 12/4/53 mnb

1179

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 18-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen R.F.D. #2
STREET ADDRESS (If rural, give location) Bel Air Road

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Maxa Jr.
4. DATE OF DEATH: (Month) November (Day) 20 (Year) 1953

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed — 8. DATE OF BIRTH Nov. 10-1870 — 9. AGE (last birthday) 83 Yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer — 10b. KIND OF BUSINESS OR INDUSTRY Farm — 11. BIRTHPLACE (State or foreign country) Czechoslovakia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS John Maxa Aberdeen R.D. #2 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Cervide Vertebra — —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY U.S. Route 40 — (CITY OR TOWN) Havre de Grace — (COUNTY) Harford — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 11/20/53 7 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains de cribed above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Gerald C. Palmer, M.D. Deputy Medical Examiner Harford Co. Bel Air Md. 11/20/53

BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF Nov 23-1953 — NAME OF CEMETERY OR CREMATORY Peters Cemetery — LOCATION (City, town, or county) (State) Aberdeen Maryland

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov. 23-1953 A. L. Lewis M.D. — 24. FUNERAL DIRECTOR — ADDRESS John E. Tarring Aberdeen Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1173

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Chestnut Hill
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestnut Hill Rural 1 X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Calvin (Last) Michael
4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: May 31 - 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Night Watchman
11. BIRTHPLACE (State or foreign country): Chestnut Hill Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm H Michael
14. MOTHER'S MAIDEN NAME: GeoAnna Ward

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1
16. SOCIAL SECURITY No.: 217-07-9644
17. INFORMANT & ADDRESS: Mrs Grace M Pyle Forest Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4

Immediate cause (a) CARDIO-RESPIRATORY FAILURE — Interval Between Onset And Death: 2 DAYS.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) VALVULAR HEART DISEASE — 6 YEARS.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA OF PROSTATE

19a. DATE OF OPERATION: 0 None.
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to 3 Nov, 1953, that I last saw the deceased alive on 2 Nov, 1953, and that death occurred at 4:00 AM, from the causes and on the date stated above.

SIGNATURE H P Sedwell (Degree or title) M.D. ADDRESS Bel Air, Md. DATE SIGNED 3 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 5 53
NAME OF CEMETERY OR CREMATORY Deer Creek Methodist
LOCATION (City, town, or county) Chestnut Hill Harford (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-3-53
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Joseph T Foster ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5
BUREAU V. S.

11174

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air
STREET ADDRESS (If rural, give location): Rt. #1 Conowingo Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Daisey E. Mickey
4. DATE OF DEATH (Month) (Day) (Year): Nov. 8th 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 10/5/1886
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Spivey (deceased)
14. MOTHER'S MAIDEN NAME: Sue Roberts (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Walter G. Mickey, 3030 Manning St. Alexanderia Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer in pelvis, origin not known — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — ?

(c) Bronchopneumonia — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov. 4th, 1953, to Nov. 8th, 1953, that I last saw the deceased alive on Nov. 7th, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE: Edward [illegible] (Degree or title) M.D. — ADDRESS: Harford Memorial Hospital, Havre de Grace, Md. — DATE SIGNED: 11/8/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/11/53 — NAME OF CEMETERY OR CREMATORY: Gulax — LOCATION (City, town, or county) (State): Gulax Va.

DATE REC'D BY LOCAL REG.: Nov 9. 1953 — REGISTRAR'S SIGNATURE: G. L. Lewis M.D. — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-[illegible]

NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
STREET ADDRESS (If rural, give location) 558 Congress Avenue

3. NAME OF DECEASED (Type or Print) (First) KATHERINE (Middle) TERRY (Last) MILLER
4. DATE OF DEATH (Month) November (Day) 16 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 7 1953
9. AGE last birthday no yrs. If under 1 year Months 4 Days 9 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Bruce Miller
14. MOTHER'S MAIDEN NAME Marion Scoville
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Robert B. Miller 558 Congress Ave Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Interstitial pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* Partial X, *Inspection* ___, *Inquiry* ___ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ___, *undetermined* ☐.

SIGNATURE William V. Lovett (Degree or title) ADDRESS 700 Fleet St., Baltimore, Md. DATE SIGNED Nov. 17, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Nov. 19, 1953
NAME OF CEMETERY OR CREMATORY East End Cemetery
LOCATION (City, town, or county) (State) Amagansett, Suffolk, N.Y.
DATE REC'D BY LOCAL REG. Nov. 18-53
REGISTRAR'S SIGNATURE [illegible] M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

js 2073272364

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

115A

NOV 23 1953

BUREAU

Film#G159 Item# 9 12/2/53 emp

176

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural — LENGTH OF STAY (in this place) 5 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescent Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) EMMA	(Middle)	(Last) MORRIS	4. DATE OF DEATH	(Month) NOV. (Day) 19 (Year) 1953
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Apr. 26, 1860	9. AGE last birthday 90 93 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Harford Co., Md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME ---------- De Haven	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. -	17. INFORMANT AND ADDRESS Pleasantville Mrs. Margaret Perry, 415 Chestnut St., N.J.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) CORONARY OCCLUSION	30 min?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. MYOCARDIAL DISEASE	?
	(c) Generalized Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 5, 1952, to Nov 19, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson	M.D.	FOREST HILL, Md.	11-19-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/22/1953	NAME OF CEMETERY OR CREMATORY Cokesbury	LOCATION (City, town, or county) (State) Abingdon, Harford, Md.
DATE REC'D BY LOCAL REG. 11.21.53	REGISTRAR'S SIGNATURE Priscilla Forwood	24. FUNERAL DIRECTOR Howard K. Mc Comas & Son	ADDRESS Abingdon, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS-415

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1177

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 415 S. Washington St.

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) (Last) Moyer
4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 24, 1872
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Edgewood Arsenal
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Moses Moyer
14. MOTHER'S MAIDEN NAME: Sarah Frey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 216-18-9481A
17. INFORMANT AND ADDRESS: Mrs. Lillian Rumbel — Youngstown Penn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardio vascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardiac Asthma
(c) Cardiac Failure

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1953, to 11/30, 1953; that I last saw the deceased alive on 11/30, 1953, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Charles F. Foley M.D. — Havre de Grace Md. — 12/1/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-4-53 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: Dec. 4 1953 — REGISTRAR'S SIGNATURE: C. L. Lewis M.D. — 24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace Md.

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

115A

1. PLACE OF DEATH: COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Magnolia
LENGTH OF STAY (In this place): —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edmonston
STREET ADDRESS (If rural, give location): 4704 Gallitan

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Needham

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12/31/1899

9. AGE last birthday: 53 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ellis A. Needham

14. MOTHER'S MAIDEN NAME: Mary O'Conell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Helen A. Needham, Edmonston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jerold C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md. 11/9/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/12/53 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REG.: 11/12/53 — REGISTRAR'S SIGNATURE: Marie M Mouldon

24. FUNERAL DIRECTOR: Gaschs Sons, Hyattsville — ADDRESS: Md.

NOV 16 1953

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1179

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
LENGTH OF STAY (in this place) 1 yr 5 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ELIZABETH PERRY
4. DATE OF DEATH (Month) (Day) (Year): NOV. 9th 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jany 4-1879
9. AGE last birthday: 74 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Cuthbert Ga
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Marion A Baldwin
14. MOTHER'S MAIDEN NAME: Sara E Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Lloyd Evans Forest Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a) Acute Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion, (1951, 1952 — Nov 9, 1953

(c) Chr hypertensive Cardio-Vascular Disease?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1953, to Nov 9th 1953, that I last saw the deceased alive on Nov 9th, 1953 and that death occurred at 8:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson M.D. ADDRESS: Forest Hill, Md DATE SIGNED: 11/10/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov 12/53
NAME OF CEMETERY OR CREMATORY: Cuthbert Ga.
LOCATION (City, town, or county) (State): Cuthbert Ga.

DATE REC'D BY LOCAL REG.: 11-10-53
REGISTRAR'S SIGNATURE: Phillip Lowood
24. FUNERAL DIRECTOR: Joseph T Foster - Pollen ADDRESS: Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 1
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

23180

Reg. Dist. No. 18-5

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location) RD # 2

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Pierce

4. DATE OF DEATH: (Month) November (Day) 11, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 15, 1886

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown (deceased)

14. MOTHER'S MAIDEN NAME: Unknown (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Richard Pierce. Rising Sun - Md. R.D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Post-operative — strangulated ventral hernia	17 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic coronary infarction

19a. DATE OF OPERATION: 10-24-53

19b. MAJOR FINDINGS OF OPERATION: Old incarcerated ventral hernia - strangulation

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 1953, to Nov. 11, 1953, that I last saw the deceased alive on Nov. 10, 1953, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James McC. Finney M.D. Havre de Grace, Md. 11-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 11/13/53 — NAME OF CEMETERY OR CREMATORY: Brookview Cemetery — LOCATION (City, town or county) (State): Rising Sun Md.

DATE REC'D BY LOCAL REG.: Nov. 11-1953 — REGISTRAR'S SIGNATURE: G. L. Lewis M. D.

24. FUNERAL DIRECTOR: Ralph McReed — ADDRESS: Rising Sun, Md.

VS. A1

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'31

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Harford - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace | LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EMORY (Middle) (Last) RASNAKE JR.
4. DATE OF DEATH: (Month) NOV. (Day) 28 (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: NOV. 22, 1953
9. AGE last birthday: 6 days (yrs.) | If under 1 year: Months | Days 6 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Havre de Grace - Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Emory Rasnake
14. MOTHER'S MAIDEN NAME: Phyllis Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Emory Rasnake, Forest Hill Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

759 Immediate cause (a) Congenital Anomalies, Multiple — 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Prematurity — 6 days
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 1953 to 11/28, 1953, that I last saw the deceased alive on 11/27, 1953, and that death occurred at 3:02 P m., from the causes and on the date stated above.

SIGNATURE: Robert Barthurst (Degree or title) M.D. ADDRESS Forest Hill Maryland DATE SIGNED 11/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 29/1953
NAME OF CEMETERY OR CREMATORY: Franklin Cem
LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: Nov 29/1953
REGISTRAR'S SIGNATURE: C L Lewis M.D.
24. FUNERAL DIRECTOR: A. D. Bailey
ADDRESS: Darlington, Md.

21X 201342

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1182

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill X; LENGTH OF STAY (in this place) 43 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill X; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) CURTIS (Last) ROE

4. DATE OF DEATH: (Month) NOV. (Day) 7 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 1 MAY 1910

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Air Lift operator

10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin Co

11. BIRTHPLACE (State or foreign country): Forest Hill, Harford Co

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Curtis Roe, Sr.

14. MOTHER'S MAIDEN NAME: Pearl Stella McCommons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. S. Elizabeth Roe, Forest Hill, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIO-RESPIRATORY FAILURE — Interval Between Onset And Death: 10 MIN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) CORONARY OCCLUSION — 10 MIN

DUE TO (c) CORONARY ARTERY DISEASE — 3 YEARS.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to 31 Oct., 1953, that I last saw the deceased alive on 31 Oct., 1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE W. P. Caldwell (Degree or title) M. D. ADDRESS Bel Air Md DATE SIGNED 9 Nov. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Nov. 10, 1953; NAME OF CEMETERY OR CREMATORY Deer Creek; LOCATION (City, town, or county) (State) Chestnut Hill, Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR 11-9-53; REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR Martin L. Kurtz, ADDRESS Jarrettsville, Md

VS. A15

RECEIVED
NOV 16
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Alp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 155 Allendale Ave

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Scandrol
4. DATE OF DEATH (Month) (Day) (Year) November 6 1953
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 11-6-53 11 45 AM
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Eugene Scandrol
14. MOTHER'S MAIDEN NAME Dorothy Louise McFinnis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature Separation Placenta

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Birth 6 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6/, 1953, to 11/6, 1953, that I last saw the deceased alive on 11/6/, 1953, and that death occurred at 2 45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F. Foley MD
ADDRESS Havre de Grace Md
DATE SIGNED 11/6/53

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify)
DATE THEREOF 11/10/53
NAME OF CEMETERY OR CREMATORY Harford Memorial Hospital
LOCATION (City, town, or county) (State) Havre de Grace, Md

DATE REC'D BY LOCAL REG. Nov. 12-53
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR
ADDRESS

2583262250

RECEIVED
NOV 16 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Hill — LENGTH OF STAY (in this place): 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Georgia (Middle) ANNA (Last) Scarff

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 21, 1873
9. AGE last birthday: 80 yrs. — If under 1 year: Months 3, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Benson, Harford Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: B. Howard Amoss
14. MOTHER'S MAIDEN NAME: Martha Elizabeth Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: T. Winfield Scarff, Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gastro-intestinal hemorrhage. — 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis. — 15 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2[illegible], 19[illegible], to Oct. [illegible], 19[illegible], that I last saw the deceased alive on Oct. [illegible], 19[illegible], and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE: Robert Bedford — (Degree or title) M. D. — ADDRESS: Forest Hill, Maryland — DATE SIGNED: 11-[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 4, 1953 — NAME OF CEMETERY OR CREMATORY: Friendship — LOCATION (City, town, or county) (State): Fallston, Harford Co. Md

DATE REC'D BY LOCAL REG.: 11-3-53 — REGISTRAR'S SIGNATURE: Priscilla Lowood — 24. FUNERAL DIRECTOR: Martin G. Kurtz, Jarrettsville, Md. — ADDRESS:

NOV
BUREAU V. S.

185

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Hahnne de Grace MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 26
LENGTH OF STAY (In this place) Dog
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mouneorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 26 MD
STREET ADDRESS (If rural, give location) 1423 Filbert St 00010.4

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) W (Last) Shipley
4. DATE OF DEATH (Month) November (Day) 7 (Year) 1953
5. SEX Mail
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 3 1919
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY labor
11. BIRTHPLACE (State or foreign country) Confluence Pa
12. CITIZEN OF WHAT COUNTRY? Vs
13. FATHER'S NAME Walter Shipley
14. MOTHER'S MAIDEN NAME Alice Spear
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Lawrence Shipley

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 812x (a) Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Traumatic amputation R leg.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY US Rte 40
(CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 7 1953 8 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident auto-pedestrian type

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford County Belair Md 11/8/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 11/1953
NAME OF CEMETERY OR CREMATORY John Chaper
LOCATION (City, town, or county) (State) Confluence Pa

DATE REC'D BY LOCAL REG. 11-8-53
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR ADDRESS
[illegible] Rodgers Marklyburg Pa
[illegible] Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A

RECEIVED
1953
BUREAU V. S.

11186

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAVRE de GRACE — LENGTH OF STAY (in this place): 25 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HARFORD MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benson
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Robert Vandon Shipley
4. DATE OF DEATH (Month) (Day) (Year): November 13, 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 15 1886
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: rural
11. BIRTHPLACE (State or foreign country): Howard Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Shipley
14. MOTHER'S MAIDEN NAME: Mary Trail
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs Bessie Shipley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1953, to Nov. 13, 1953, that I last saw the deceased alive on Nov. 13 1953, and that death occurred at 3 50 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): Resident Physician — ADDRESS: Harford Memorial Hospital, Havre de Grace — DATE SIGNED: 11/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 16 1953 — NAME OF CEMETERY OR CREMATORY: Mountain Christian — LOCATION (City, town, or county) (State): Bel Air, Md

DATE REC'D BY LOCAL REG.: Nov 17-53 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: W H Archer — ADDRESS: Benson Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 19 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15-

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (In this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace; STREET ADDRESS (If rural, give location) 413 S. Stokes St.

3. NAME OF DECEASED (Type or Print): (First) Edward; (Middle); (Last) Skinner

4. DATE OF DEATH: (Month) 11; (Day) 22; (Year) 1953.

5. SEX: male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 18, 1887

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John S. Skinner

14. MOTHER'S MAIDEN NAME: Mary L. Christie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No. 577-22-1663

17. INFORMANT AND ADDRESS: Augusta Johnson R.D. #2 Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150A

Immediate cause (a) Uremia — Interval Between Onset and Death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Carcinoma of esophagus —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/8, 1953, to 11/22, 1953, that I last saw the deceased alive on 11/22, 1953, and that death occurred at 7:55p. m., from the causes and on the date stated above.

SIGNATURE: George T. Stansbury (Degree or title) M.D. ADDRESS: Havre de Grace, Md. DATE SIGNED: 11/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 11/25/53; NAME OF CEMETERY OR CREMATORY: St. James Cemetery; LOCATION (City, town, or county): Graveley Hill, (State) Md.

DATE REC'D BY LOCAL REG. 11-24-53; REGISTRAR'S SIGNATURE: A. L. Leuro M.D.

24. FUNERAL DIRECTOR: Elmer E. Bullock ADDRESS: Havre de Grace Md.

BUREAU V. S.

Film#G159 Item# 8 11/18/53 emp

11188

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural #2 LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural #2.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise RD.	STREET ADDRESS (If rural give location) Paradise Road.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Martin (Last) Tobin

4. DATE OF DEATH (Month) Nov. (Day) 6th (Year) 1953

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 3/25/1862 | 9. AGE last birthday 1862 91 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Self emp. farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY USA.

13. FATHER'S NAME James Tobin | 14. MOTHER'S MAIDEN NAME Martha Lingan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Mrs. Wm. M. Tobin Aberdeen #2 md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Congestion	6 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic [illegible]	10 yrs
	(c)	

4221

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1940, to Nov, 1953, that I last saw the deceased alive on Nov 6, 1953, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

SIGNATURE Ralph Horley M.D. (Degree or title) ADDRESS Churchville Md DATE SIGNED Nov 6

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11/9/53 | NAME OF CEMETERY OR CREMATORY Westgate Chapel | LOCATION (City, town, or county) Aberdeen RD. (State) md.

DATE REC'D BY LOCAL REG. Nov. 9 1953 | REGISTRAR'S SIGNATURE Nellie R. Perry | 24. FUNERAL DIRECTOR John G. Farring | ADDRESS Aberdeen Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

V-15

RECEIVED
NOV 1.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1189

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-55

1. PLACE OF DEATH:

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Md — LENGTH OF STAY (in this place): 36 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air, Md

STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED: (Type or Print) (First) May (Middle) Easterday (Last) Walker

4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Aug 20-1881

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired, Self employed, Farm, 5 & 10¢

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis C Easterday

14. MOTHER'S MAIDEN NAME: Lydia A Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Charles W Walker, Bel Air, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral hemorrhage — Interval Between Onset And Death: several hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Hypertensive vascular disease — several years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Gall bladder disease

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..,1953, to Nov. 27., 1953, that I last saw the deceased alive on Nov. 25, 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul S. Stonesifer Jr. M.D. — 615 Hickory Ave. Bel Air, Md. — Nov. 28, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 30/53 — NAME OF CEMETERY OR CREMATORY: Friendship Methodist — LOCATION (City, town, or county) (State): Fallston Harford Md

DATE REC'D BY LOCAL REGISTRAR: 11-28-53 — REGISTRAR'S SIGNATURE: Priscilla Fourwood — 24. FUNERAL DIRECTOR — ADDRESS: Joseph T. Slater Bel Air, Md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11190

Reg. Dist. No. 182

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD
CITY (If outside corporate limits, write RURAL OR TOWN) NORRISVILLE - RURAL X
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - NORRISVILLE X
STREET ADDRESS (If rural give location) WHITEHALL RD.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) NELSON (Last) WHITEFORD

4. DATE OF DEATH: (Month) NOV. (Day) 17 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: 4-20-1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARM HAND

11. BIRTHPLACE (State or foreign country): HARFORD Co., MD.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: HUGH C. WHITEFORD

14. MOTHER'S MAIDEN NAME: FEBBA FLAHARTY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Barton Whiteford, Whitehall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42-2.1

Immediate cause (a) Chronic Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Nov 16, 1953, that I last saw the deceased alive on Nov 14, 1953, and that death occurred at Home from the causes and on the date stated above.

SIGNATURE Edward H. Hyson (Degree or title) MD ADDRESS Fawn Grove Pa DATE SIGNED Nov 17 1953

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF 11-19-53 NAME OF CEMETERY OR ~~CREMATORY~~ FAWN GROVE LOCATION (City, town, or county) (State) FAWN GROVE, YORK Co. PA.

DATE REC'D BY LOCAL REGISTRAR 11-18-53 REGISTRAR'S SIGNATURE Priscilla Fouwood

24. FUNERAL DIRECTOR Kenneth W Cochran ADDRESS Stewartstown, R.

VS. A15

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11191

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air Rural X
LENGTH OF STAY (in this place) 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Jackson (Last) Wright

4. DATE OF DEATH: (Month) Nov (Day) 2 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct 24-1856
9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Harford Co Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John R Jackson
14. MOTHER'S MAIDEN NAME: Hanna Purdue

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Richard W Wysong Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) ~~ADVA~~ CARDIO-RESPIRATORY FAILURE — Interval Between Onset And Death: 2 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ADVANCED SENILITY + ARTERIOSCLEROSIS — 2 MONTHS.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to 2 Nov, 1953, that I last saw the deceased alive on 2 Nov, 1953, and that death occurred at 7:00 PM, from the causes and on the date stated above.

SIGNATURE H P Sedwell (Degree or title) M.D. ADDRESS Bel Air, Md. DATE SIGNED 3 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 5/53
NAME OF CEMETERY OR CREMATORY Bethel Presbyterian
LOCATION (City, town, or county) Jarrettsville (Rural) (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-3-53
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Joseph T Foster ADDRESS Bel Air, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

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